

2/22/03

| POSITION                         | INITIALS  | ID NO.        | DATE              |
|----------------------------------|-----------|---------------|-------------------|
| <b>FEE DETERMINATION</b>         |           |               |                   |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>EW</i> | <i>Jc4949</i> | <i>5/11/01-50</i> |
| <b>FORMALITY REVIEW</b>          |           |               | <i>12/13/02</i>   |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>MT</i> | <i>J23</i>    | <i>04/20/01</i>   |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date           |
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If more than 150 claims or 10 actions  
staple additional sheet here

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